

KC1100- JA Family Medical Application Eligibility Processing Job Aid

This Job Aid is intended to provide instruction on the required elements of the KC1100 Family Medical application. This Job Aid identifies when an answer left blank is acceptable and when additional follow-up is required.

Note:

- Mandatory verification policies still apply. Obtain verification as required in KEESM 1322 or KFMAM 1325
- When a Leading Question has been answered Yes – then the Follow-up Questions will always be required. For example, if a customer indicates they are self-employed, then it is necessary to obtain answers to all of the self-employment Follow-up questions.

Section A: People:

This section is in reference to the applicant and all household members

Application Question	Eligibility Action
Name (First, middle, last)	Must obtain answer
Maiden Name	Not required, but needed to run EVVE vital statistics
Relationship	Contact applicant to obtain answer if not otherwise known
Gender	Must obtain answer
Date of Birth	Must obtain answer
Marital Status	
Person live at the same address as applicant	Assume Yes, if left blank
Does this person have income?	Use as a comparison to income sections.
In the past year did this person: Change jobs, Stop working, Start working less hours	Question is for the FFM. Use as a tool to help explain changes of income, when appropriate.
Social Security #	Required, if requesting assistance
Applying for medical assistance	<ul style="list-style-type: none"> • When some household members have answered the question and others have left blank: Determine eligibility for household members who answered Yes. • If only one individual is on the application and left the question blank – assume Yes. <p>If all individuals on the application are blank, must obtain the answer.</p> <p>If not applying for medical assistance, no additional questions are required until Section D.</p>
Lived in a state other than Kansas in the last 3 months	Required if requesting assistance with unpaid medical bills
Pregnant Due Date # of babies	Assume No, if left blank Assume 9 months from the application date Assume 1, if left blank
Guardian or conservator?	Assume No, if left blank
U.S. citizen	Required, if requesting assistance. Use the Federal Hub to obtain answer.

Application Question	Eligibility Action
Race	Required for ABMS. If left blank, choose Other
Ethnicity	Required for ABMS. If left blank, choose Other
Delivered a baby in the last 3 months	Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Emergency care in the last 3 months	Identifies a potential SOBRA application. Used when the applicant is a non-citizen.
Prior Medical	Assume No, if left blank, unless a baby was born in the prior 3 months or other indication of recent major medical expense, AND the individual is requesting medical assistance.
Disability that will last at least 12 months or result in death	Assume No, if left blank
Help with nursing home costs or in-home care	Assume No, if left blank
Live with at least one child and main person taking care of child under the age of 19	Question is for the FFM. Not required to be answered.
Mother's Full Name Father's Full Name	Answer may assist in determining relationship of each member of the household. Use along with the Relationship to the Primary Application question to determine household relationship.

Tax Household:

This section is required for the Primary Applicant. If answered by the Primary applicant, the answers can be inferred for other household members. Example: Primary applicant lists the children's names as dependents – then it is inferred that the children are not filing tax returns and are claimed as a dependent by the primary applicant.

Application Question	Eligibility Action
Plan to file a tax return	Assume no if left blank
Will this person file jointly with a spouse?	Required if answered Yes above
If yes, name of spouse	
1. Does this person have any dependents on their tax return?	Required
If yes, list name(s) of dependents	
2. Is this person claimed as a dependent on someone else's tax return?	Required

Application Question	Eligibility Action
If yes, list the name of the tax filer	
How is this person related to the tax filer?	
Did this person have insurance through a job and lose it within the last 3 months?	Question is for the FFM. Not required to be answered. Answer may assist in understanding changes which have occurred in the last 3 months.
Is this person a full-time student?	Question is for the FFM
Was this person in foster care at the time of their 18 th birthday?	Used to determine eligibility for the Foster Care Aged Out program
Does this person have a parent living outside the home?	Question is for the FFM

Section B: Help with Medical Bills:

This section is in reference to the additional questions that are asked when an applicant requests assistance with unpaid medical bills. Note: If the original prior medical question was left blank and it was therefore assumed that the applicant did not request prior medical assistance, but then the applicant answers these follow-up questions, the assumption is changed to Yes. A determination is to be made for prior medical assistance.

Application Question	Eligibility Action
Changes in the household during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of household changes	Required if above answered Yes.
Changes in the income during the last 3 months	Must obtain answer if prior medical assistance has been requested.
Description of income changes	Required if above answered Yes.

Section C: Immigration Status

This section is required when an individual has declared themselves to be a non-citizen and is requesting medical assistance. It is not required for non-applicants.

Application Question	Eligibility Action
Name (First, middle, last)	Required
Document Type	Required to request verification through the VLP. A manual SAVE may be completed if not available.
Immigration Number	Required to request verification through the VLP. A manual SAVE may be completed if not available.

Application Question	Eligibility Action
Immigration Status	

Section D: Jobs and Other Household Income: This section applies to all questions related to income, both earned and unearned.

Application Question	Eligibility Action
Anyone in the household has a job	Assume No, if left blank
Follow-up wage questions	<p>When the applicant has answered Yes to the above question, enough information is required in this section to make a determination. Therefore, the following two elements are required:</p> <ul style="list-style-type: none"> • Amount paid • Frequency <p>If these questions are not answered on the application form, but found elsewhere, such as with pay verification provided, that is acceptable.</p>
Jobs include tips, commissions, or bonuses	Assume No, if left blank
Anyone in the household self-employed	Assume No, if left blank
Were taxes filed on this income last year	<p>Verification of self-employment income is always required.</p> <p>If answered yes, request a copy of the tax return.</p> <p>If answered no, send the self-employment worksheet.</p> <p>If left blank, send the self-employment worksheet AND request a copy of the tax return.</p>
Predictable changes in income	Assume No, if left blank
Income from somewhere other than work	Assume No, if left blank
Any Other Income	Assume No, if left blank
Deductions	Not required. Question is for the FFM.

Section E: Health Insurance

This section addresses questions about other health insurance policies that may exist.

Application Question	Eligibility Action
Does this person have other health insurance	Assume No, if left blank

Application Question	Eligibility Action
Follow-up insurance questions	<p>The requirement to have answers to the health insurance questions depends upon what type of medical assistance the individual is eligible for.</p> <p>CHIP: Being uninsured is requirement for CHIP eligibility. Therefore, enough information must be obtained about the type of insurance coverage available in order to determine if CHIP eligible.</p> <p>Medicaid: A TPL referral is completed with all information known. All answers are not required in order to approve Medicaid coverage. If additional information is needed about the health insurance policy, it will be requested after Medicaid approval, and only after the MMIS fiscal agent has a chance to verify the information.</p>
Reason insurance ended in the last 3 months	Required if insurance ended in the last 3 months – AND – the applicant is eligible for CHIP with a FPL above 219%. Used to determine eligibility under the Crowd-out policy.
Health Coverage from Jobs	Not required. Questions are for the FFM.

American Indian or Alaska Native

This section is not required. The information about individuals who are American Indian or Alaska Natives is sent to the FFM when the applicant is not eligible for Medicaid or CHIP.

Choosing Someone to help with the medical assistance case

If the applicant has appointed someone to help them with their medical assistance case, but has NOT identified if that person is to be a Facilitator or a Medical Representative:

- Assume the person is a Facilitator (this will generate copies of the letters to the individual)
- Send a notice asking the applicant if they intended to appoint the person as their Medical Representative. This does not prevent the application from being processed.

Choose your Health Plan

This section is used to capture the applicant's choice of KanCare MCOs. The answer will be entered into KEES so the individual can be assigned to this MCO if determine eligible. If the applicant has not made a choice, they will be assigned automatically to one of the MCOs.